

X

Date

(Signature required for validation)

- ☐ I wish for my gift to remain anonymous
- ☐ I grant permission to recognize my gift in donor listings or other special recognition where appropriate
- ☐ Please inform my designated non-profit organizations of my contribution, so that I receive acknowledgement. (Name and address required.)

(Address)

(City, Zip)

Donation Designation

If designating your annual donation amount please use any combination of boxes A and B. Use your brochure to determine the correct code to use. Keep the pink copy for your records.

A. Umbrella groups:

Community
Services Fund

\$.

United Way

\$.

Community Health
Charities

\$.

B. Specific agencies:

Code	Amount
<input type="text"/>	\$.
<input type="text"/>	\$.
<input type="text"/>	\$.
<input type="text"/>	\$.

Total annual designation (boxes A and B) should agree with total annual donation (box F).

Donation Amount



Employee ID#:

C. ☐ Payroll Deduction:

amount per paycheck: \$.

multiplied by number of pay periods: X .
(24 biweekly or 12 monthly)equals the total annual payroll deduction of: .
orD. **Express Giving**

- ☐ \$5 a pay period
- ☐ \$10 a pay period
- ☐ \$15 a pay period
- ☐ \$20 a pay period

multiplied by
number of
pay periods
(24 biweekly
or 12
monthly)equals
total annual payroll
deduction

. .

E. ☐ Cash/Check (please enclose):

made payable to: Charitable Giving Campaign

F. Total Annual Donation: